

Artist Agreement / Drop Off Form



Artist Name _____

E-Mail Address _____

Phone (_____) _____

ARTWORK INFO

1. Title _____

Medium _____

Year _____ Dimensions _____

Price (Including 35%) _____

2. Title _____

Medium _____

Year _____ Dimensions _____

Price (Including 35%) _____

Price (Including 35%) _____

Please initial in agreement of the following terms:

- _____ I agree to not remove my artwork from the gallery sooner than **08/03/2025**, but no later than **08/08/2025**.
- _____ I understand The Arts Center will retain a **35% commission** on all works sold in conjunction with the Exhibition.
- _____ I understand that each piece of artwork will be insured by the Arts Center of the Capital Region.
- _____ I understand that payments will be processed following the end of the exhibition on **07/31/2025**

DROP-OFF

Artist Signature _____

Date _____

Printed Name _____